FORM D

PROCESSÉD

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Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076

Expires: May 31, 2008 Estimated Average burden hours per form 16.00

SEC	C USE ON	LY
Prefix		Serial
DAT	TE RECEIV	ED

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Name of Offering: MHR Capital Partners	Offshore Ltd - Offering	g of Participating Sh	ares		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	New Filing	☐ Amendment		, ,	
	A. B.	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the	issuer				
Name of Issuer (check if this is an a MHR Capital Partners Offshore Ltd. (the	mendment and name has "Fund")	changed, and indicat	te change.)		
Address of Executive Offices c/o Walkers SPV Limited, PO Box 908GT		and Street, City, State Cayman, Cayman Is	•	Telephone Number (lr. (345) 949-0100	08057312
Address of Principal Business Operations (if different from Executive Offices)	(Number	and Street, City, State	, Zip Code)	Telephone Number (Inc. (212) 262-0005	Louis)
40 West 57th Street, 24th Floor, New York	New York 10019			(212) 202 0002	
Brief Description of Business				1	
To operate as a private investment fund.					
Type of Business Organization					
☐ corporation	limited partner	ship, already formed	区	other (please specify): Cay	man Islands exempted pany
☐ business trust	☐ limited partners	ship, to be formed			
Actual or Estimated Date of Incorporation or	Organization:	Month 0 1	Yea 0	r 6 🗵 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-lett CN for Car	er U.S. Postal Service Al ada; FN for other foreigr			F	N

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			IFICATION DATA	<u>.</u>	
	on requested for the fe	·			
 Each promoter of the 	e issuer, if the issuer	has been organized within the p	ast five years;		
 Each beneficial own 	ner having the power	to vote or dispose, or direct the	vote or disposition of, 10% or	more of a class of ed	uity securities of the issuer;
Each executive office	cer and director of co	rporate issuers and of corporate	general and managing partners	of partnership issue	ers; and
	anaging partner of pa				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Manager
Full Name (Last name first, if i	ndividual)				
MHR Fund Management, LI					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
40 West 57th Street, 24th Floor	r, New York, New 1	York 10019			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Rachesky, Mark H., MD					
Business or Residence Address	(Number and Street	et, City, State, Zip Code)			
40 West 57th Street, 24th Floor	r, New York, New Y	York 10019			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ Manager
Full Name (Last name first, if i	ndividual)				
Hal Goldstein					
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
40 West 57th Street, 24th Floo	···		·····		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Manager
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	nđividu al)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			***************************************
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
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	(030 01	and sheet, or copy and use additi	onar copies of any succe, 45 He	000au 3.3	
		D. INICODMATION	A DOUT OFFEDING		

													Yes	No
1.	Has the issuer	sold, or do	es the issue	er intend to		also in Ap			_		***************************************			X
					Allswer	aiso in Ap	penuix, Coi	unui 2, 11 11	iing under	JLUE.				
2.	What is the m	inimum inv	estment th	at will be a	ccepted fro	m any indiv	ridual?						\$ <u>.5,00</u>	0,000 *
	*(The mini:	mum comi	nitment is	\$5,000,000	. The mini	mum is sul	bject to wa	iver by the	Fund in it	s sole discr	etion).		Yes	No
3.	Does the offer	• .	-	•	-									
4.	Enter the info solicitation of registered with a broker or de	purchaser that the SEC :	s in connec and/or with	tion with s a state or s	ales of sec tates, list tl	urities in the name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	erson or ag	ent of a brol	cer or dealer
Full	Name (Last na	me first, if	individual)											
_[NC	NEJ													
Bus	iness or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Nan	ne of Associated	Broker or	Dealer		•									
Stat	es in Which Per	son Listed	Has Solicit	ed or Inten	đs to Solici	t Purchaser:	S							
	(Check "All S	tates" or ch	neck individ	lual States)							••••		🗆 All S	States
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] (SDI	[NH] [TN]	[NJ] [TX]	[NM] (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] {PR]	
Full	Name (Last na				[]	[0.]	[]		[]			[·····]	1)	
	•													
Bus	iness or Resider	nce Addres	s (Numbe	r and Street	t, City, Stat	e, Zip Code	;)	······································						
Nan	ne of Associated	l Broker or	Dealer		1									
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchasers								
	(Check "All S	tates" or ob	saak individ	lual Ctatac)										States
	[AL]	[AK]	[AZ]	AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП		States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	(MT) (RI)	[NE] [SC]	[NV] [SD]	(NHJ {TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	Name (Last nat			[IIN]	LIAL	[01]	[4,1]			[** *]	[W I J	144.1	[FK]	
	·	·	,											
Bus	iness or Resider	nce Address	s (Numbe	r and Street	, City, Stat	e, Zip Code	:)							
			•			.,	,							
Nan	ne of Associated	Broker or	Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	Purchasers								
	(Check "All S	tates" or ch	neck individ	lual States)									🗖 All S	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(H!)	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]]	[MN]	[MS]	[MO]	
	(MT)	[NE]	[NV]	[NH] ITNI	(NJ) (TY)	(NM)	[NY]	(NC)	[ND]	(OH)	[OK]	[OR]	[PA]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	"0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$ 400,000,000	\$21,529,450.00
	Equity	\$	<u> </u>
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	s	s
	Other (specify)	\$	\$
	Total	\$ <u>400,000,000</u>	\$ <u>21,529,450.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	2	\$ <u>21,529,450.00</u>
	Non-accredited Investors	N/A	\$ N/A
	Total (for filings under Rule 504 only)	N/A	\$N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	\$_0
	Printing and Engraving Costs	X	\$_5,000
	Legal Fees	🗵	\$_60,000
	Accounting Fees	X	\$ 5,000
	Engineering Fees.	X	\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)	X	\$_0
	Other Expenses (identify) (marketing; travel; regulatory filing fees)	X	\$_5,000
	Total	🗵	\$ <u>75,000 (3)</u>

- (1) The Issuer is seeking \$400 million in aggregate capital commitments, although the Fund, in its sole discretion, may accept additional commitments.
- (2) The number of investors and the total amount sold may reflect U.S. and non-U.S. investors.
- (3) Estimated to reflect initial costs only.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Payments to			
	*			
	Officers, Directors, and Affiliates	Payments to Others		
Salaries and fees	× \$_(4)	□ \$		
Purchases of real estate	□ \$	□ \$		
Purchase, rental or leasing and installation of machinery and equipment	□ \$	- \$		
Construction or leasing of plant buildings and facilities	□ \$	S		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	" \$		
Repayment of indebtedness	□ \$	\$		
Working capital	□ \$	□ \$		
Other (specify): INVESTMENTS	□ \$	⊠ \$399,925,000		
Column Totals	⊠ \$_(4)	⋈ \$ <u>399,925,000</u>		
Total Payments Listed (column totals added)	<u>\$399,925,000</u>			
4) The Investment Manager, an affiliate of the Issuer, will be entitled to receive management fees. The Issuer's confid liscussions of the management fees.	ential offering materi	ials set forth detailed		
D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff non-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
ssuer (Print or Type) Signature	Date			
MHR Capital Partners Offshore Ltd. HULL	July , 200)8		
Name of Signer (Print or Type) Title of Signer (Print or Type)	•			
Hal Goldstein Director				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
			Yes	No
l.	Is any party described in 17 CFR 230.262 p	resently subject to any of the disqualification provisions of such rule?		
		See Appendix, Column 5, for state response. NOT APPLICABLE		
2.	The undersigned issuer hereby undertakes a such times as required by state law.	to furnish to any state administrator of any state in which this notice is filed, a notice on For	m D (17 CFR	239.500) at
3.	The undersigned issuer hereby undertakes to	o furnish to the state administrators, upon written request, information furnished by the issue	r to offerees.	
4.	(ULOE) of the state in which this notice is	issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform lifted and understands that the issuer claiming the availability of this exemption has the burde of APPLICABLE		
	e issuer has read this notification and knows the	e contents to be true and has duly caused this notice to be signed on its behalf by the undersi-	gned duly auth	iorized
Issu	er (Print or Type)	Signature Date		
ME	IR Capital Partuers Offshore Ltd.	August July 6, 20	08	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>
Hal	Goldstein	Director		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX				
1		2	3			4			5
	to non-a	Type of security Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	\$400,000,000 aggregate dollar amount of Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Voc	No
AL	res	NO	Snares	Investors	Amount	Investors	Amount	Yes	NO
AK				<u> </u>				<u> </u>	
AZ	<u> </u>								
AR									
CA									
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MN		x	See above	1	\$17,241,059	N/A	N/A	N/A	N/A
MS									
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NV	<u> </u>							<u></u>	

9 ¶ • •				A	PPENDIX					
1	:	2	3			4		5		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$400,000,000 aggregate dollar amount of Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH										
NJ								- 1		
NM								1		
NY										
NC	;									
ND										
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ок										
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